U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT



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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 4

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## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 608	2. Fiscal Year Covered From:
	01 /01/ 04 Through: 12 /31/ 04
3. Name and address of person filing.	3. Name, file number, and address of labor organization.
Name FRANK X CULLEN	Name IPONWORKERS LOCAL No. 4
	Labor Organization File Number 010 - 139
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 17 ZABRISKIE AVE. APT. 38	Street 558 NEWARK AVE.
City BAYONNE,	City JERSEY CHY
State	State ZIP Code + 4 <b>0 3 3 0 6</b>
5. Position in labor organization. Fin. Sec. / TREAS.	_
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization r	
3. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	_
P.O. Box, Bldg., Room No., if any	- mar
Street	7.b. Amount.
City	
State ZIP Code + 4	
Sig	gnature
15. Signature and verification. The undersigned declares, under pena information submitted in this report (including the information contain and is, to the best of the undersigned's knowledge and belief, true, co	ed in any accompanying documents), has been examined by the sig
Signed	On 08/11/05 201653 3365 Telephone Number

Name of Person Filing	No. 2000	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor org	otherwise dealing with the bus actively seeking to represent, or or indirectly to, or otherwise	siness
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ARK ASSET MEMT. CO., INC.	a. Labor Organiza	tion
Trade Name, if any:	b. Trust	uon
P.O. Box, Bldg., Room No., if any Street 125 Broad Street	c. Employer	
City New York  State NY ZIP Code + 4 1000 4		
State ZIP Code + 4 ZIP Code + 4	•	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deals	l.
Name	D. 10 7/07	AT Smith & WOLCENS
Trade Name, if any:	-	
P.O. Box, Bldg., Room No., if any		Llywood, FL
Street	*	
City		value of such dealing. OVER 25
State ZIP Code + 4	12.a. Nature of interest h	eld or income received.
State ZIP Code + 4	-	
	12.b. Amount	***
C. Received from any employer (other than an employer covered under pa or from any labor relations consultant to an employer any payment of mon		-
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	The state of the s
Name	-	
Trade Name, if any:	-	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	-	
	<del> </del>	

Name of Person Filing FRANK X CYLLEN	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name BUCIÈNE AS CAPITAL MMT, LLC	JS DO			
Trade Name, if any:	a. Labor Organization			
P.O. Box, Bldg., Room No., if any <b>Suite</b> 550	b. Trust			
Street 1545 PEACHTREE St., N. E.	c. Employer			
City ATLANTA				
State GA ZIP Code + 4 30369				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Lunch 09/20/04			
Trade Name, if any:	LUNCH (ECCO IN MYC) 10/21/0			
P.O. Box, Bldg., Room No., if any	TOMON CE COO IN WAST INTERIOR			
Street				
City	11.b. Approximate dollar value of such dealing. <b>ADEL</b>			
State ZIP Code + 4	12.a. Nature of interest held or income received.			
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·	12.b. Amount			
	41			
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				

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8. Name and address of Business (including trade name, if any).  Name CICHA - A HEALTH CASE	9. Business deals with:	NS DO		
Trade Name, if any:	a. Labor Organizat	Months and American		
P.O. Box, Bldg., Room No., if any  Street 499 WASHINGTON BOUD.	c. Employer	**************************************		
City JERSBY CAY				
State ZIP Code + 4 <b>O 7 3 1 0</b>	100.000.000.000.000.000.000			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	Δ.		
Name	8	AT CAPITAL GRICL		
Trade Name, if any:	Was	hington DC		
P.O. Box, Bldg., Room No., if any	03/28	104		
Street	11.b. Approximate dollar v	value of such dealing		
City				
State ZIP Code + 4	12.a. Nature of interest he	erd of income received.		
g 3				
	12.b. Amount	No.		
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) by or other thing of value.	-		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
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8. Name and address of Business (including trade name, if any).  Name Fox Asset Management	9. Business deals with:			
Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 44 Sycamors Avenus	a. Labor Organizat  b. Trust  c. Employer	Mo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
State NT ZIP Code + 4 07739				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing			
P.O. Box, Bldg., Room No., if any	LUNCH N	T Bouleys in NYC		
Street	11.b. Approximate dollar v	value of such dealing.		
State ZIP Code + 4				
	12.b. Amount			
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		-		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
State ZIP Code + 4				

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8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name TRANSMORKERS DIST OF NOMHERN NI WEY	ALE TO THE REPORT OF THE PARTY			
Trade Name, if any:	a. Labor Organizat	ion US DO		
P.O. Box, Bldg., Room No., if any	b. Trust	( NG 1 1205)		
Street 12 EDISON PLACE	c. Employer	ORDA .		
City Spring FIELD				
State ZIP Code + 4 <b>07081-1310</b>				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.		
Name	12/15/04	C D		
Trade Name, if any:	Lunch	at Casa Dante Jew by City V		
P.O. Box, Bldg., Room No., if any				
Street				
	11.b. Approximate dollar v	value of such dealing.		
City	12.a. Nature of interest he	eld or income received.		
State ZIP Code + 4				
	12.b. Amount			
C. Received from any employer (other than an employer covered under par	<u> </u>			
or from any labor relations consultant to an employer any payment of mone	y or other thing of value.			
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
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Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
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Name of Person Filing FRANK X CULLEN		File Number U-		
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8. Name and address of Business (including trade name, if any).  9. Business deals with:				
Name MBIA SECULTIES Cap.  Trade Name, if any:	a. Labor Organizat	ion US DOI		
P.O. Box, Bldg., Room No., if any	b. Trust	OF DROP		
Street 113 King STREET  City ARMONIC	c. Employer			
State Ny ZIP Code + 4 10504				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.		
Name	04/15/04			
Trade Name, if any:	Lunch	m BELLINI		
P.O. Box, Bldg., Room No., if any		vyc		
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C. Received from any employer (other than an employer covered under part or from any labor relations consultant to an employer any payment of mone				
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				

B. Half an interest in or acreed income or accomonic baself with moretary value from a business (1) a part of which challed to buying from a colleging or testing to be otherwise designing to the business of an employer whose employees your labor or organization represents or is actively eedering to represent, or (2) any part of which consists of buying from or selling or feasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.  8. Name and address of Business (including trade name, if any).  Name	Name of Person Filing FRANK X CULLER	File Number U-
Name STONE PLOFE  Trade Name, if any:  P.O. Box, Bidg, Room No., if any POBox 354  Street  City DED MIN STER  State N J ZIP Code + 4 04921  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  7  11.b. Approximate dollar value of such dealing, 016R 25  City 12.a. Nature of interest held or income received.  12.b. Amount  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  12.b. Amount  14.a. Nature of payment.  14.a. Nature of payment.	substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly of the consists of buying from or selling or leasing directly of the consists of buying from or selling or leasing directly of the consists of buying from or selling or leasing directly of the consists of buying from or selling or leasing to, or	otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  11.b. Approximate dollar value of such dealing.  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  12.b. Amount  C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	Name STONE PIDGE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 35+  Street	a. Labor Organization  b. Trust
City	10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11/04/04
or from any labor relations consultant to an employer any payment of money or other thing of value.  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	City	12.a. Nature of interest held or income received.
	or from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	rts A and B above) ey or other thing of value.

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Name THE	SEGAL COL	MPAN	4	9. Business deals with:  a. Labor Organizati	ion SDO
Street ONE	PARK AVE		`	b. Trust c. Employer	Sus DROP
City NEW	York ZIP Code	+4	10016		
	cked give trust or employe			11.a. Nature of such dealin	<b>}</b>
	No., if any			Lunch	NY C
	<i>,</i>			11.b. Approximate dollar v	
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			( <u>3.</u> 5	12.b. Amount	
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	ss of Employer or Labor Re		·	14.a. Nature of payment.	444
Trade Name, if any:					
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